Payment of Arizona Income Tax Withheld										A1-WP 0002 0393 305				393		
MAKE CHECKS PAYABLE TO: ARIZONA DEPARTMENT OF REVENUE MAIL TO: PO BOX 29009 PHOENIX AZ 85038										P/M			·	000		
0 FC P <i>F</i>	THER PEN OR CERTAII	N TAX N TAX SAM	TIES A KPAYI E TIM	ane Ers	INTERES :	T REQUI .AW REQ	IRED E UIRES	THAT WITHHOLDIN			[B/D				
											QTR	YEAR		STATE WITHHOLD	ing numbe	ER
											L _{(1, 2, 3,} TWO F YEAF	R QUARTER or 4) AND LAST POSITIONS OF R FOR WHICH JENT IS MADE—		AMOUNT OF F		ENTS
DETA	CH				IF VOLLARI			UST ACCOMPANY				NII V		DETA	\СH	
Arizona Quarterly Report of Income Tax (INDICATE ANY ADDRESS CORRECTIONS)					OT MAKING A PAYMENT AT THIS TIME SUBMIT THE A1-QRT (BELI Vithheld A1-QRT				0001 0393 310	P/M						
BUSINESS NAME AND																
ADDRESS:									STATE WITHHOLDING			B/D				
									QTR	YEA	IR	AMENDED				
Federal						ral Income T		eld This (Without FICA)			Total A	rizona This Quarter				
A. Daily Tax	Liability -	1st	Mon	th o					,	1	i ayıon	This Eductor				
1			8				15		22				29			
3			9 10				16 17		23				30			
4			11				18		25							
5			12				19		26							
7			13				20		27 28							
- 1	Liability -	2nd		ıth (of Quarter	(Semi-V		or Next Day)	20							
1			8				15		22				29			
2			9	Ш			16		23				30			
3 4			10 11	\vdash			17 18		24 25				31			
5			12	H			19		26				_			
6			13				20		27							
7 C Deily Toy	T inhilite:	2 mel	14 Mor	L L	of Organton	(Com: V	21	or Next Day)	28							
1	Liability -	- 3ra	8	ith (oi Quarter	(Semi-v	15	or Next Day)	22				29			
2			9				16		23				30			
3			10				17		24				31			
4			11	\sqcup			18		25							
5			12 13	\vdash		+	19 20		26 27							
7			14				21		28				1			
MONTHLY 1st Month AA 2nd Month BB							QUARTERLY TAX		TY Enter the total Arizona liability withheld for the				TOTAL QUARTER TAX LIABILITY			
TAX LIABILITY	3rd Month	_	_			DD	DD entire quarter.				rter.		Z			
Under penalties of pe	erjury, I declare	I have	examin	ned thi	ıs return and beli	eve it to be	a true and	accurate report.						Check if final re	port 🗖	
Signature						Date			Business 1	elephone	Number		_	SSOK II IIIIGI TO	F *** .	
Paid Preparer's Sig	nature					Paid	Preparer'	s SSN or EIN						AD	OR 87040 (4	4/93)

	Complete the fol	lowing when amending your A	1-QRT.	
Total Quarter Tax Liability fr	om line Z on the front page			
Quarter Tax Liability previou	usly reported			
Enter the difference here if	ine 1 is greater than line 2 - This is	your refund		
Liability now due if line 2 is	greater than line 1. Enter the difference	ence here as the amount now due	e	
ease enter reason for amend	ling your return:			